

Case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 222
County Registrar No. 813
Local Registrar No. _____

2. Full name of child Augustin Cano
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Aug 28 1926
Month Day Year

8. FATHER
Full name Alexencion Cano

9. Residence
(Usual place of abode) Miami Ariz
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 29 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation miner
Nature of industry Copper

14. MOTHER
Full maiden name Martha Gonzales

15. Residence
(Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 24 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Sept 8 26 19 R. E. Don Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

136-828-472